

Suffolk County  
Special Education Preschool Program  
Record of SEIT Service Log Notes

Name of Student: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_  
 SEIT Provider's Name: \_\_\_\_\_ Agency/School Name: \_\_\_\_\_  
 Coordinator of Services [ ] Yes [ ] No School District: \_\_\_\_\_  
 IEP Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Frequency and Duration: \_\_\_\_\_ Ind. [ ] Grp. [ ]  
 Location: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Make-up session: Yes [ ] No [ ] Time: \_\_\_\_\_ to \_\_\_\_\_  
 IEP Goal(s) targeted: \_\_\_\_\_  
 Activity/Lesson: (Including objectives and measures of success) \_\_\_\_\_

Response(s) of Child: \_\_\_\_\_

Response(s) of Child: \_\_\_\_\_

Print name of Parent/Caregiver: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date signed by Parent/Caregiver: \_\_\_\_\_  
**Parent/Caregiver-DO NOT SIGN BLANK LOG NOTES**

Date of Service: \_\_\_\_\_ Make-up session: Yes [ ] No [ ] Time: \_\_\_\_\_ to \_\_\_\_\_  
 IEP Goal(s) targeted: \_\_\_\_\_  
 Activity/Lesson: (Including objectives and measures of success) \_\_\_\_\_

Response(s) of Child: \_\_\_\_\_

Response(s) of Child: \_\_\_\_\_

Print name of Parent/Caregiver: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date signed by Parent/Caregiver: \_\_\_\_\_  
**Parent/Caregiver-DO NOT SIGN BLANK LOG NOTES**

SEIT Signature \_\_\_\_\_ Date: \_\_\_\_\_

Certification: [ ] permanent [ ] expiration date \_\_\_\_\_